COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DEVICE FOR MONITORING THE FLOW OF A FLUID FLOWING THROUGH OR FROM A CONDUIT, SUCH AS A LUBRICANT, AND THE MONITORING METHOD IMPLEMENTED BY THE DEVICE

the spec	cification of which: (check	k one)		•					
		REGULAR OR DESIGN	APPLICATION						
	is attached hereto.	,		• .					
	was filed on	as applicatio	n Serial No						
	and was amended on	: (If a	oplicable).						
	•	•							
	PC	T FILED APPLICATION ENTE	RING NATIONAL STAGE						
×	was described and claimed in International application No. PCT/EP2004/001796 filed on 24 February 2004 and as amended on(if any).								
l hereb claims,	y state that I have revie as amended by any ame	wed and understand the contended and understand to above.	ents of the above-identified spe	cification, including the					
Lackno	wiedge the duty to disclo	se information which is materia	i to patentability as defined in T	itte 37, Code of Federal					
Regula	tions, §1.56.	PRIORITY C	LAIM	,					
	Country	Application Number	PLICATION(S) Date of Filing (day, month, year)	Priority Claimed					
	ITALY	MI2003A 000396	4 March 2003	Yes					
I hereb	by claim the benefit under ation(s) listed below:	Title 35, United States Code §	119(e) of any United States prov	4 - *					
Applica	ation No.	Filing Date	Status (patented, p	pending abandoned)					
		a continuing application.)	•						
subjec manne	et matter of each of the or the or the or the or the or the first per provided by the first per per provided by the first per per provided by the first per provided by the first per	paragraph of 35 USC 112, I a	I States application(s) listed be t disclosed in the prior United acknowledge the duty to disclo Regulations §1.56 which becan national filing date of this applica	ase information which is ne available between the					

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from GIAMBROCONO & C. S.P.A. as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000486 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoft CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or f	irst inventor:	BAREA, Tiziano			
inventor's signature:	X/S	(A)	Date:	4 August 2005	
Residence: 17 Via (Varea		21052 BUSTO ARSIZIO	Citizenship:	italian	- .
Post Office Address:	see "reside	nce"	<u></u>		
Full name of second	joint inventor, if ar	ny:	·		
triventor's signature:			Date:		•
Residence:			Citizenship:		
Post Office Address:			<u> </u>		
Full name of third join	nt inventor, if any:				
Inventor's signature:		<u> </u>	Date:		•
Residence:		Citizenship:			
Post Office Address:					
Full name of fourth jo	oint inventor, if any	<i>r</i> :			
Inventor's signature:			Date:		
Residence:		Citizenship:			
Post Office Address:	;				